

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HV460181**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

**OFFICER INFORMATION**

NAME (LAST - FIRST - M.I.)  
**EARNEST, EVONA C**

STAR NO. <b>2743</b>	POSITION <b>POLICE OFFICER</b>
DATE OF APPOINTMENT <b>28-APR-2003</b>	EMPLOYEE NO. [REDACTED]
UNIT OF ASSIGNMENT <b>003</b>	BEAT/CALL NO. <b>0322R</b>
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>WHITE</b>
HEIGHT <b>506</b>	WEIGHT <b>116</b>

**TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED**

<input checked="" type="checkbox"/> 1. ON DUTY	WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS Describe _____
<input type="checkbox"/> 2. OFF DUTY	PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____
<input type="checkbox"/> 3. SPECIAL EMPLOYMENT	
<input type="checkbox"/> 4. SECONDARY / OTHER	

**TYPE OF ACTIVITY**

<input type="checkbox"/> A. AMBUSH -NO WARNING
<input type="checkbox"/> B. TRAFFIC STOP/PURSUIT
<input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON
<input type="checkbox"/> D. DISTURBANCE - DOMESTIC
<input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT
<input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
<input type="checkbox"/> G. DISTURBANCE - OTHER
<input checked="" type="checkbox"/> H. MAN WITH A GUN
<input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)

CHARGE \_\_\_\_\_ IUCR CODE \_\_\_\_\_

J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)  
ORIGINAL CHARGE \_\_\_\_\_ ORIGINAL IUCR CODE \_\_\_\_\_

K. OTHER

**TYPE OF INJURY TO OFFICER**

<input type="checkbox"/> A. FATAL
<input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)
<input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
<input checked="" type="checkbox"/> D. NONE APPARENT/NONE

**LIGHTING CONDITIONS AT INCIDENT**

<input type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK
<input type="checkbox"/> B. NIGHT	<input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT
<input type="checkbox"/> C. DAWN	<input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD

**INCIDENT INFORMATION**

<input type="checkbox"/> 1. INDOOR	<input checked="" type="checkbox"/> 2. OUTDOOR
ADDRESS OF OCCURRENCE <b>2 E 74TH ST</b>	
CITY [REDACTED]	STATE (if outside Chicago) [REDACTED]
LOCATION CODE <b>259-VEHICLE NON-COMMERCIAL</b>	BEAT OF OCCURRENCE <b>0323</b>
DATE OF OCCURRENCE <b>04-SEP-2012</b>	TIME <b>03:40:00</b>
DAY OF WEEK <b>TUESDAY</b>	
NO. OF OFFICERS BATTERED <b>4</b>	

WERE THERE ASSISTING UNITS ON SCENE? 1.  YES 2.  NO  
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? **2**

**MANNER OF ATTACK**

<input type="checkbox"/> 01. SHOT
<input checked="" type="checkbox"/> 02. SHOT AT
<input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
<input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
<input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)

**TYPE OF WEAPON/THREAT**

(Check all that apply):

<input checked="" type="checkbox"/> A. FIREARM CALIBER <b>9 MM</b>	<input type="checkbox"/> D. HANDS/FISTS
<input type="checkbox"/> B. REVOLVER	<input type="checkbox"/> E. FEET
<input checked="" type="checkbox"/> C. SEMI-AUTOMATIC	<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)
<input type="checkbox"/> 3. RIFLE	<input type="checkbox"/> G. VERSAL THREAT (ASSAULT)
<input type="checkbox"/> 4. SHOTGUN	<input type="checkbox"/> H. OTHER (SPECIFY) _____

**S. VEHICLE**

<input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE
<input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE

**FIREARM USE INFORMATION** (Check all that apply):

<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT
<input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED
<input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

**OFFENDER INFORMATION**

SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB [REDACTED]
CB NO. [REDACTED]	IR NO. <b>18487818</b>	

WAS THE OFFENDER'S ACTIVITY:  
DRUG RELATED?

<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES
<input checked="" type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 2. NO
<input type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 3. UNKNOWN

NO. OF OFFENDERS PRESENT? **1**

**WEATHER CONDITIONS**

<input checked="" type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / SMOKE / HAZE	<input type="checkbox"/> G. OTHER
<input type="checkbox"/> B. RAIN	<input checked="" type="checkbox"/> E. SLEET / HAIL	
<input type="checkbox"/> C. SNOW	<input checked="" type="checkbox"/> F. SEVERE CROSS WIND	

APPROXIMATE OUTDOOR TEMPERATURE: **75° F**

**LOG # 1056803**

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
EARNEST, EVONA C

STAR NO.  
2743 [REDACTED]

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
JOHNSON, EDDIE T  
366 [REDACTED]

CPD-11.451 (REV. 1/04)

LOG # 1036803

Attachment # 22